

**COMMENT ON: THE “BROKEN HEART SYNDROME”: YOU’RE LIKELY TO HAVE IT ONLY ONCE!**

We read the article by Lateef<sup>(1)</sup> with great interest. More and more cases of takotsubo cardiomyopathy are being diagnosed due to increased awareness, and its association in various clinical scenarios is increasingly being reported. Recently, we reported a case of takotsubo cardiomyopathy precipitated by hyperthyroidism.<sup>(2)</sup> In the report by Lateef, the author reported stress-induced cardiomyopathy in a postmenopausal patient in whom the symptoms and electrocardiogram (ECG) were suggestive of ST-segment elevation myocardial infarction (STEMI) acute coronary syndrome. The patient was managed using standard STEMI acute coronary syndrome protocol. Although her coronary angiogram was found to be normal, a pathognomonic wall motion abnormality led to the diagnosis of takotsubo cardiomyopathy. The author mentioned that the “*patient’s door-to-ECG and door-to-balloon times were 4 minutes and 23 minutes, respectively*”.<sup>(1)</sup> Door-to-balloon time is defined as the interval that starts with the arrival of the patient at the presenting hospital and ends with balloon inflation at the cardiac catheterisation laboratory.<sup>(3)</sup> Since the coronary angiogram of the patient was found to be normal and no percutaneous coronary intervention was performed, we are puzzled by the terminology used in the case report. We believe the author was referring to door-to-coronary angiogram time or door-to-left ventriculogram time. We hope to have a response from the author.

Yours sincerely,

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